

Hip Arthroscopy Rehabilitation Recommendations

Stretching/Flexibility: Attempt to lie on your stomach to stretch the tissue along the front of the hip within the first week following surgery as tolerated: 1-2x/day, up to 15 minutes. If you are not able to manage on the stomach, lie on your back and allow the surgical leg to gently hang off the side of the bed, pull the opposite knee up towards the chest: 30 seconds of duration, repeat 4-5 reps, 1-2x per day.

Managing Stairs: Activate the anterior core muscles to inhibit excessive trunk flexion. Attempt to keep your head/shoulders up as you ascend or descend steps to prevent lurching forward or leaning away from the surgical side. Tighten the gluteal muscles to assist with pulling yourself up rather than launching off the back foot or pulling yourself up with too great of assistance from a handrail. Use an assistive device, as needed to ensure proper posture until you are able to manage the stairs correctly without compensation.

Walking: Proper use of an assistive device is essential until you are able to ambulate without compensation patterns or pain. Absolutely no limping or painful patterns should be permitted. Gradually increase ambulation distance and time daily as tolerated to increase strength and endurance. A general recommendation is 10% per day. If pain, soreness or limping persists, return to previous level of activity until symptoms have resolved for at least 2 days. Do not wean from assistive device until instructed by your physical therapist.

Kegels: Activation of the pelvic floor musculature will assist in keeping the pelvis in a neutral position, avoiding increased anterior stress to the hip girdle. To activate the pelvic floor, a suggestion is to act as though you are attempting to stop your urine flow. Hold for 10 seconds, repeat for 10 reps, 4-5 times per day.

Posterior Pelvic Tilts: A posterior shift of the pelvis during certain movement patterns to activate the anterior core and gluteal muscles, which will reduce anterior shear/stress to the hip girdle. This assists in keeping the pelvis in a neutral position during dynamic movements such as stair climbing, rising from or descending to a chair, performing dynamic reach and squatting actions.

Before leaving the Hospital, you will be taught:

- To avoid External Rotation beyond 15 degrees for 6 weeks
- Sit to stand transfers to and from a chair with anterior core activation and glutes
- Log roll into and out of bed
- Gait training with heel to toe motion with protected weight bearing

Hip Arthroscopy Rehabilitation Protocol

ROM Restrictions and Expectations

Restrictions:

Extension: Avoid passive extension x 3weeks	ER Avoid ER > 15 deg x 6 weeks	IR: No limitations	Abduction: 0° to 25 by 2 weeks
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Weight Bearing

Heel to toe PWB x 2wks

- 20lbs max flat foot WB
- 3wks if older than 50 or osteopenic bone

After 2wks then progress to WBAT w/ AD
DC crutches at 4wks, when gait is normal and pain free

If microfracture: Heel to toe partial WB x 6wks

Stop shy of pinching pain with all PROM

NO Straight Leg Raises, Clams, SL Hip Abd

No Hip Flexion > 90 deg x 3 weeks

If microfracture HOLD activities in shaded boxes

Phase I - ROM and Initial Strengthening

Date of surgery:

	Week	1	2	3	4	5	6
Stationary bike up to 10 min (not before Day 3) • Advance per Cardiovascular Program • Microfracture ok to begin week 2	Daily	✓	✓	✓	✓		
Passive ROM / Circumduction • ER Limitation, see above	Daily	✓	✓	✓	✓	✓	✓
Supine Hip IR/ER (Windshield Wipers) • ER Limitation, see above	Daily	✓	✓				
Isometrics: 2x/day • Quads, Hams, Glute Max, Transverse Abdominus (TA), Abductors	Daily	✓	✓				
Soft Tissue Work/Scar Mobs	Daily	✓	✓				
Muscle Stretch • Quad, Adductor, Hamstring	Daily	✓	✓				
Prone Lying • Lie flat on stomach up to 15 min	Daily	✓	✓	✓	✓		
Quadruped Rocking / Cat-Cow • OK with labral repair	Daily	✓	✓	✓	✓		
Prone Hip Internal Rotation / External Rotation • ER Limitation, see above	Daily			✓	✓	✓	✓
Cardio exercises on page 6 (Start ~ 4 weeks)					✓	✓	✓

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Phase II - Stability

	Week	3	4	5	6	7	8	10
D/C Crutches at 4wks, when gait is normal and pain free	Daily		✓					
Half Kneeling Mobilization	Daily		✓	✓	✓	✓	✓	✓
Prone Hip Extensions	5x/wk	✓	✓	✓				
Prone Hamstring Curls	5x/wk	✓	✓	✓				
Prone Pendulum	5x/wk		✓	✓	✓			
Pool Therapy	5x/wk			✓	✓	✓	✓	
Bridging Progression	5x/wk	✓	✓	✓	✓	✓		
Double Leg Hip Up Progression	5x/wk		✓	✓	✓	✓		
Double Leg Mini-Squats	5x/wk		✓	✓	✓	✓		
Monster Walks (Lateral)	5x/wk				✓	✓		
Start Phase III exercise if no microfracture			✓					

- Bridges can start around week 3 unless weight bearing restrictions (can start week 2 if needed)
- If microfracture hold 1/3 knee bend/mini-squat until week 3-6 on weight bearing restrictions
- Start Phase III activities at 4 weeks post-op
- **Lifting Restrictions: Week 0-6: 20#**

Week 6-8: 40#

Week 8+ work related lifting restrictions or as cleared per physician

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Phase III – Functional Strengthening

(If microfracture hold all activities until minimum of wk 6 in shaded boxes)

	Week	4	5	6	7	8	10	12	16
Leg Press	3x/wk	✓	✓	✓	✓	✓			
Single Leg Balance	3x/wk		✓	✓	✓	✓	✓		
Box Step Up	3x/wk			✓	✓	✓	✓		
FW Lunge	3x/wk					✓	✓	✓	
Lateral Lunge	3x/wk					✓	✓		
Lateral Walk • With squat and band	3x/wk					✓	✓		
Proprioception – Bilateral to Unilateral • Multiple planes of motion	3x/wk		✓	✓	✓	✓	✓	✓	✓
Side Planks	3x/wk		✓	✓	✓	✓	✓	✓	✓
Prone Planks	3x/wk		✓	✓	✓	✓	✓	✓	✓
Single Leg Bridges	3x/wk		✓	✓	✓	✓	✓	✓	✓
Squat Progression	3x/wk			✓	✓	✓	✓	✓	✓
Single Leg RDL	3x/wk			✓	✓	✓	✓	✓	✓
Rotational Activities (if pain free)	3x/wk					✓	✓	✓	✓

Pool Jogging: Week 6: deep water (not contacting the ground); Week 8: waist depth, unless cleared by physician

Dry Needling: no sooner than week 12 unless cleared by physician

Plyometrics: Week 9-10: Double Leg (80-100 max foot contacts) 1x/week 1st week, 2x/week max after

Week 10-12: Introduce Single Leg (100-120 max foot contacts)

Recommend at least 2 weeks of tolerated single leg plyometrics before initiation of running

Lifting which requires 90 deg or > hip flexion: no sooner than 12 weeks or if cleared by physician

Return to Running/Sport: varies greatly upon age/pre-existing activity level/conditioning

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Phase IV – Return to Activity/Sport

	Week	16	20	24
Sport-Specific Drills / TRAINING		✓	✓	✓

- Typically, 4-6 months to return to sports, depending on the demands of the sport, 1-year for maximal recovery
- Microfracture can delay this recovery by 1-5 months
- Start cardio at 4 weeks if glute strength is adequate, if microfracture wait until 6 weeks
- **RETURN to SPORT TESTING:**
 - 1: SL Hop distance/Triple Hop distance/30 sec Lateral Hop test
- **(90% or > to non-surgical limb for full return)**
 - 2: No issues w/ hip compensation/movement patterns
 - 3: Sport/activity dependent

Cardio/Functional Exercise

	Week	4	5	6	7	8	10	12	12-24
Stationary Bike with resistance	3x/wk	✓	✓	✓	✓	✓			
Elliptical Machine	3x/wk			✓	✓	✓	✓	✓	✓
Outdoor Biking (Resisted Biking)	3x/wk				✓	✓	✓	✓	✓
Functional Activity (hike, kick, throw)	3x/wk							✓	✓
Sport Specific Progressions	3x/wk								✓

- ✓ Excessive activity, including cardiovascular exercise, may lead to the return of anterior hip pain if ample core and glute strength is not present

Hip Arthroscopy Cardiovascular Program

Exercise Type	Level	Time	Dosage	1	2	3	4	5	6	7	8
Upright Stationary Bike	1.0	10 min	Continuous								
	1.1	20 min	Continuous								
	1.2	30 min	Continuous								
	1.3	30 min	Add 5x60 sec hard, 60 sec easy								
• Alternate 1.4a & 1.4b	1.4a	30 min	Add 10x60 sec hard, 60 sec easy								
	1.4b	30 min	Add 5x2 min hard, 2 min easy								
• Alternate 1.5a & 1.5b	1.5a	45 min	Add 15x60 sec hard, 60 sec easy								
	1.5b	45 min	Add 8x2 min hard, 2 min easy								
<p>Level 1 Notes: Program performed every other day (minimum 3x/week) starting when instructed by your therapist</p> <p>Progress to the next stage after you have completed at least 6 sessions and have \leq 3/10 pain lasting < 24 hours</p> <p>Elliptical may be used when allowed by protocol and instructed by your therapist (no sooner than Week 6)</p>											
				1	2	3	4	5	6	7	8
Running	2.0	2 min	Combined with 30 min of L1 activity								
	2.1	5 min	Combined with 30 min of L1 activity								
	2.2	10 min	Combined with 30 min of L1 activity								
Low progressing to moderate intensity may be incorporated • Add 10 min of intervals • Add 10 min of intervals	2.3	15 min	Combined with 30 min of L1 activity								
	2.4	20 min	Combined with 30 min of L1 activity								
	2.5	30 min	Combined with 30 min of L1 activity								
	2.6	45 min	Combined with 30 min of L1 activity								
	2.7	50 min	Combined with 30 min of L1 activity								
	2.8	60 min	Working into full loading								
<p>Level 2 Notes: Must be at least 12 weeks post-op to begin level 2 and cleared by your physician and therapist for impact activities</p> <p>Program continues every other day (3x/week)</p> <p>Progress to next stage after completing at least 3 sessions with \leq 3/10 pain lasting < 24 hours</p>											
				1	2	3	4	5	6	7	8
Sport Specific Drills	3.0	30 min	Combined with 20 min of L1 or L2								
	3.1	50 min	Combined with 20 min of L1 or L2								
	3.2	60 min	Begin incorporating competitive activities								
<p>Level 3 Notes: Must be cleared by your physician and therapist to begin sport specific activities</p> <p>Progress to next stage after completing at least 3 sessions with \leq 3/10 pain lasting < 24 hours</p>											